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ABSTRACT

During the early 1990s, the concept of "full-service schools" has gained momentum in educational and social reform movements as an effective vehicle for providing integrated, comprehensive, and intensive services to at-risk children, youth, and families. The essential feature of full-service schools is to provide a system that connects the multiple needs of consumers (students and their families) with appropriate se vice providers, while emphasizing a holistic, preventive approach. However, the full-service schools movement has become the target of growing criticism from sources that view full-service schools as eroding the primary mission of public education, which is considered to be the teaching of academic skills. Full-service schools have been targeted as dangerous and inappropriate by the "new Christian Right." It is suggested that psychologists can play a valuable role in the full-service schools movement to facilitate the implementation of more comprehensive, efficient, and integrated services through: (1) fostering increased awareness; (2) sharing knowledge; (3) conducting research and evaluation; (4) participating in training; and (5) advocating for better policies and programming. (Contains 34 references.) (SLD)

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THE FULL-SERVICE SCHOOLS MOVEMENT: EMERGING OPPORTUNITIES -- EMERGING THREATS

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ABSTRACT

During the early 1990s, the concept of *full-service schools* rapidly has gained momentum in educational and social reform movements as an effective vehicle for providing integrated, comprehensive, and intensive services to at-risk children, youth, and their families. However, the full-service schools movement recently has become the target of growing criticism from several sources including educational, social services, and business leaders who view full-service schools as eroding the primary mission of public education in the United States: the teaching of academic skills. Also, full-service schools have been especially targeted as being dangerous and inappropriate by the "new Christian Right." It is suggested that psychologists can play a valuable role in the full-service schools movement to facilitate the implementation of more comprehensive, efficient, and integrated services for at-risk children, youth, and their families.

This paper has four major objectives: (1) to increase psychologists' awareness level related to the full-service schools movement; (2) to identify the suggested, and demonstrated, advantages of full-service schools models for improving the overall human services delivery system for at-risk youth and their families; (3) to identify the common criticisms levied against full-service schools models as well as the emerging threats to this movement which are serving as substantive obstacles to meeting the multiple and complex needs of at-risk youth and their families in our nation; and (4) to suggest specific strategies whereby psychologists can play a valuable role in the development, implementation, and evaluation of full-service schools.

THE FULL-SERVICE SCHOOLS MOVEMENT: EMERGING OPPORTUNITIES -- EMERGING THREATS

During the late 1980s and early 1990s, calls have substantially increased for the development of a more effective overall human services delivery system for our nation's at-risk children, youth, and their families. Policymakers, researchers, program administrators, clinicians, legislators, advocates, and clients alike have become increasingly vocal in their arguments that the current system is largely inadequate and inefficient -- and that it must be drastically altered or, according to some, replaced with an entirely new system (Center for the Study of Social Policy, 1993; Hodgkinson, 1992; Melaville, Blank, & Asayesh, 1993; Morrill, 1992; Schorr, 1989; Weissbourd, 1991).

PROBLEMS WITH THE CURRENT HUMAN SERVICES DELIVERY SYSTEM

The inadequacies of the current overall human services delivery system for vulnerable children and families have been thoroughly documented. Its poor outcomes arise largely from its inefficient and cumbersome structure, its fragmentation, its specialization mode, and its complexity. Among the major specific problems which have been widely attributed to the present system are the following (Davis, 1993, 1994a):

Crisis Orientation

The current system is designed to respond to crisis situations. It is strongly skewed toward remediation rather than prevention. Problems are allowed to escalate to serious, or crisis, proportions, before help to children and families is offered (Melaville, Blank, & Asayesh, 1993; Morrill, 1992). Usually the costs involved in remediation efforts are substantially higher than

those for prevention and early intervention programs. Thus, under the current system, not only do needy children and families often not receive the services when they need them most, but also the later costs of assisting them usually are much greater.

Failure To Recognize Interrelationships Among Problems and Solutions

The current system typically divides the problems of children and families into rigid and distinct categories that fail to reflect interrelated causes and solutions. We frequently fail to recognize that the problems faced by at-risk children are connected to those of their families, and further that the problems of children and families are interrelated to those of their communities (Hodgkinson, 1992; Melaville & Blank, 1991; Melaville, Blank, & Asayesh, 1993).

Services designed to respond to categorical problems (e.g., health, education, mental health etc.) are administered by multiple and varied agencies -- each of which has its own specific focus, funding source, regulations, and accountability requirements. Conflicting eligibility requirements, for example, frequently prevent children and families from receiving the "mix" of services which they require. According to Morrill (1992), perhaps the greatest failure of the current system is its ineffectiveness in serving children and families with *multiple* problems.

Access Problems

At-risk children and families frequently are unable to access the very system which has been designed to serve them. The barriers are both technical and physical. As stated by Morrill (1992), each human services program has rules about whom it will serve and under what conditions.

Unfortunately, although these rules often are appropriate to a specific program, they are not consistent from one program to another in terms of who is eligible and in what situations. Also, in order for consumers with multiple problems to access services, they usually must travel to several different locations. Mental health services are located in a community mental health center; child immunizations are only available at the local health clinic; food assistance is only obtainable at still another agency and so forth.

Thus, many children and families with multiple problems are unable to easily access the overall system because of its technical regulations as well as the physical location of those services. They "fall through the cracks" of a system which may, in fact, be prepared to offer quality services, but unfortunately, they cannot access them.

Specialized Case Management and Lack of Functional Communication Among Agencies

Frequently, at-risk children and families receive help only for their original presenting problem. Services are determined by which particular agency first "sees " the child or family. Thus, while a child who is identified as being in need of special education may receive appropriate instructional and even, at times, needed mental health services, that child and his/her family generally are not able to receive other financial or health assistance under the current system. Only a small part of the child's and family's overall needs are met. Most providers generally focus only on those needs and services with which they are the most familiar (Morrill, 1992).

Also, human service agencies typically have very different professional orientations and institutional mandates. Service providers generally are products of their own specialized professional training, and they find it difficult to accept service providers from other agencies as allies.

Communication among representatives from different agencies often is "strained" at best. Professional turf issues abound with each professional tending to view the problem and the solution very narrowly within his or her own respective domain. The lack of a broad-based case management system which is capable of responding to the variety and complexity of child-family needs across all domains constitutes a substantial problem which must be overcome.

In addition to the inadequacies of the current service delivery system referred to above, several other problems have been commonly cited as contributing to its ineffectiveness: *lack of adequate follow-up; restrictions on necessary information sharing across agencies because of client confidentiality and other factors; lack of meaningful evaluation and outcome data; and professional credentialing and cross-training issues.*

Perhaps Weissbourd (1991) provides the most concise description of the problems and inadequacies which are commonly attributed to our current human services delivery system:

> "The failures of the current system stem primarily from a single weakness. Too often services are driven by legislative, funding, professional, and bureaucratic requirements, rather than by the needs of children and their families. Because of legislative and bureaucratic requirements, for example, most public institutions and programs today isolate and react rigidly to a narrowly defined need, ducking problems that do not fall neatly within their jurisdiction. Schools deal with school problems. Health agencies deal with health problems etc." (p. i)

CALLS FOR OVERALL SYSTEM CHANGE AND NEW POLICIES

In response to the perceived need to improve the overall human services delivery system, several new policy initiatives simultaneously have surfaced in the fields of education, child welfare, children's mental health, health and juvenile justice. The central theme of these initiatives is that large and growing numbers of high-risk children and families lack ready access to

needed services, and that even when these services are available, they are often fragmented, agency specific, and frequently fail to be culturally relevant (Pennekamp, 1992).

Increasingly, system change advocates have been focusing their efforts on our nation's *schools.* Various service integration models have emerged during the 1990s which are designed to effectively and efficiently meet the complex needs of at-risk students and their families. The major thrust of these models is to provide a more comprehensive, integrated set of educational, health, mental health, and social services to children and their families.

Clearly, the concept of *linking* social services with schools is not new. For decades, educational and social reformers have advocated for more effective and efficient integration of services to children and their families -- with schools frequently being viewed as the most logical place to provide these services. However, during the early 1990s, two factors seemingly have contributed to the rapidly intensifying interest in forming effective collaborative partnerships between education and social services agencies: (1) increased documentation of the deteriorating social conditions and the reported decline in the overall well-being of large numbers of our nation's children, youth, and their families (Center for the Study of Social Policy, 1993; Children's Defense Fund, 1994); and (2) the ongoing decrease in human services and education budgets (Kirst, 1994; Pennekamp, 1992). Thus, many current policy initiatives involving school-linked services and the development of full-service schools represent efforts to respond to what is becoming widely viewed as a *crisis* in our nation.

School-Linked and School-Based Programs

Many collaborative efforts involving education and other health and social service agencies already are well established in some schools and

communities. School-based health centers or clinics wherein students are able to receive primary health services, including, in many cases, comprehensive screening and treatment for sexually transmitted diseases, pregnancy tests, and psychosocial counseling, are now fairly common in many of our nation's inner schools.

In other schools, mental health centers have been established. Usually staffed by psychologists and/or clinical social workers from community agencies through a collaborative arrangement with the school system, these centers provide a wide array of counseling and support services to students and, in some cases, to their families. In still other schools, or located closeby, family resource centers have been established which are designed to provide a wide spectrum of services to children and their families, including day care, before and after-school activity programs, breakfast programs, adult literacy, and parenting programs. The essential purpose of these centers and programs is to more effectively connect schools, children, and families in terms of needs identification and service offerings.

In contrast to *school-based* service delivery models, other models utilize a *school-linked* concept, whereby the emphasis is not placed upon specific site of service delivery per se (e.g., the school) but rather on the development of administrative structures, policies and programs which allow for "linking" schools with other service provider agencies. Still other service delivery models are *community-based* and administered by community agencies. However, irrespective of the particular type of service delivery model which is employed, the overall objective is the same: *to more effectively and efficiently meet the multiple and complex needs of at-risk children, youth, and their families by creating an overall educational and human services system*

which is comprehensive, intensive, integrated, easily accessible, and responsive.

FULL-SERVICE SCHOOLS

The concept of *full-service schools* recently has emerged as a comprehensive effort to provide a wide array of needed services to children and families considered to be at risk. The major impetus for the growth of the full-service schools concept generally is attributed to Joy Dryfoos who for several years has been involved in "prevention research" involving high risk youth. Her book, *Full-Service Schools: A Revolution in Health and Social Services for Children, Youth, and Their Families* (Dryfoos, 1994a) has served as the major driving force behind the full-service schools movement.

While full-service schools can vary considerably in their actual design and program offerings, their purpose is essentially similiar: to provide better integrated, more easily accessible, and quality services to children and their families who are at risk. The essential feature of full-service schools is to provide a system which effectively connects the multiple needs of consumers (students and their families) with appropriate service providers in the education, health, mental health, social services, and recreational fields. It emphasizes a holistic, preventive approach for dealing with the "problems" frequently presented by children and youth -- "problems" which almost always are connected to those of their families and their communities.

In particular, school administrators and teachers throughout the country readily acknowledge that they are finding it increasingly difficult to meet the academic needs of large and growing numbers of today's students who bring with them to school each day multiple and complex personal, social, and environmental problems which adversely affect their ability to learn.

The "new morbidities" of American youth (sex, drugs, violence, and stress) are clearly recognized as major deterrents to effective student learning.

School personnel, realizing that they cannot and should not be expected to fix the problems of large segments of today's youth, are desperately seeking help from other sources: the family, the community, and other agencies who are involved with at-risk children and their families. The establishment of full-service schools, therefore, is considered by many to represent a viable effort to effectively respond to this call for help.

Many observers view schools as the most convenient and logical place to locate comprehensive, integrated services (educational, medical, social and/or human services) for at-risk children and their families. The concept of "one-stop shopping", using school sites as the base, frequently is viewed as a viable vehicle to provide integrated, supportive services to children and families.

Advantages of Full-Service Schools

Proponents of school-linked services and full-service schools models, which are designed to link education and human services programs for children and families considered to be at risk, argue that these models have several distinct advantages over more traditional service delivery models (Dryfoos, 1994a, b; Levy & Shepardson, 1992; Melaville, Blank, & Asayesh, 1993; Morrill, 1992). Among the most commonly cited *advantages* of service delivery models which emphasize school-linked programming services are the following:

- Emphasizes prevention and early intervention.
- Provides a holistic approach for dealing with children and families.
- Provides easier and more prompt access to needed services.
- Reduces opportunities for fragmentation or duplication of services.

- Allows for the meeting of multiple and complex needs of children and their families across program and professional categories.
- Allows for the delivery of more comprehensive and more intensive services.

Successful Full-Service Schools Models:

Dryfoos (1994b) provides examples of how the full-service schools model has been successfully implemented in two middle schools having *very different structural arrangements.* Each of these schools, located in high poverty neighborhoods, enrolls students from predominantly disadvantaged Hispanic populations.

IS 218. IS 218, located in the Washington Heights section of New York City, operates through a partnership between the New York City School System and the Children's Aid Society (CAS), a nonprofit organization. This school provides an excellent example of a "settlement house in a school" comprehensive school-based progra.nming model initiated by a community social agency with funding from private foundations.

Opened in 1992 subsequent to substantial CAS-initiated activities to actively involve members of the Hispanic community in the design and eventual operation of the overall school program, the school (called Salome Urena Middle Academies -- SUMA) houses 1,200 students who are each enrolled in one of four academies: Math, Science, and Technology; Business; Expressive Arts; and Community Service. Each academy is a self-contained unit with five classes and five teamed teachers who act as advisers to the students in their units. Several times a week, advisory groups of fifteen students meet to talk about career plans, school, and family problems.

Under the leadership of the school principal, the faculty work closely with CAS staff to create a "seamless program," tying together academics with

all other activities so that what goes on in the classroom is carried out throughout the day and after school and is also conveyed to the parents through the family resource center, which is located at the entrance to the school building and open from 8:30 a.m. to 8:30 p.m. (Dryfoos, 1994b).

SUMA opens at 7 a.m. with cultural and recreational activities along with breakfast made available for students. An after-school program, which operates from 3 p.m. to 6 p.m. weekdays, involves a wide range of instructionally-specific activities. In the evening, CAS extends many of the same programs to teenagers in the community and to parents of students in the school or other residents of the school zone (Dryfoos, 1994b).

In addition to the family resource center, which provides help with immigration and citizenship, public assistance and employment, housing, crisis intervention, drug prevention, and adult education, IS 218 provides a wide array of other services to its students and their families including dental and medical services. Also, a mental health component is being initiated, and CAS is in the process of obtaining state licensing as a mental health outpatient clinic (Dryfoos, 1994b).

The community school costs CAS about $800,000 per year for the staffing of the family resource center, the health center, the social-work component, and the after-school program, an amount collected from a number of foundations, grants, and public programs. The school system contributes maintenance, school guards, and insurance. The total cost is less than $1,000 per student. When added to the educational expenditure per child in New York City of approximately $6,500, the total cost for this program is far less than the amount spent in most suburban schools. (Dryfoos, 1994b).

Hanshaw Middle School. The Hanshaw Middle School, located in Modesto, a rapidly growing population center in northern California with increasing

ethnic and economic diversity, represents an example of a full-services school restructuring model that developed from the initiative of a local school system which draws in a wide array of services from community agencies largely with public funding. Created from the vision of its principal, Chuck Vidal, who sought to develop a school which was truly responsive to the needs of the local community, Hanshaw began operation in 1991 on its innovative $13 million campus (Dryfoos, 1994b).

Hanshaw, serving 870 students (almost all of whom are poor and either Limited English proficient or speak a language other than English at home) is organized into seven student houses or communities. The teachers are viewed as "community leaders" and are they are responsible for their "citizens" (students). Each community has a theme and a connection to a branch of California State University. Students regularly visit the campuses of their adopted schools, and each university provides support to their student group and involves Hanshaw students in relationships with the college students. Several local businesses are also involved in partnerships with the school communities (Dryfoos, 1994b).

Cooperative learning, team teaching, mentoring, and activities which are designed to promote high academic expectations, personal responsibility, and strong school pride are emphasized at Hanshaw. Partnership agreements were worked out with various community-based agencies to bring practitioners into the school including a mental health clinician, a part-time student assistance counselor, and a DARE police officer. The school system supplied a part-time psychologist, a school nurse, three migrant education supportive services aides, and a supervisor (Dryfoos, 1994b).

In an effort to provide Hanshaw students and their families with more effectively coordinated and less fragmented services, in 1992 the Modesto City

Schools initiated and received a "Healthy Start" grant from the state. Using "Healthy Start" funds and other contributions from community agencies, an interagency case management team was implemented, and an on-site resource center which housed three medical examining rooms and two dental stations was developed. The Hanshaw Middle School, through its willingness to take the initiative to form partnerships with key community agencies, expects to make accessible a wide range of support services to its students. On-site services include mental health treatment, substance prevention and treatment, family support and parenting education, health and dental screening and assessment, child welfare services, academic support and tutoring, and information and referral. Healthy Start makes referrals to off-site locations that can provide dental treatment, health services, extensive mental health treatment, housing and temporary shelter, and food and clothing (Dryfoos, 1994b).

Both the IS 218 and the Hanshaw programs illustrated above provide encouraging examples of the potential positive outcomes which can result from the full-service schools concept. Yet, each is very different with respect to governance structure. In the case of Hanshaw, the school system clearly is the lead agency and is responsible for both the fiscal arrangements and the direct supervision of personnel, while IS 218 represents more of a two-agency collaborative, with joint direction shared between the school principal and the CAS director of community schools. It is still too early to determine the extent of the long-term success which either of these two models will have. Neither is fully realized yet, and unforeseen circumstances or conditions could seriously jeopardize their potential to meet desired outcomes. Nevertheless, these two programs, despite being clearly different in design, do serve to demonstrate the potential efficacy of full-service schools to meet the complex needs of children and families at risk.

OPPOSITION AND THREATS TO FULL-SERVICE SCHOOLS

Full-service schools hold a great deal of promise for meeting the multiple and complex needs of youth at risk and their families. Despite their obvious advantages, however, the full-service schools movement recently has become the target of growing criticism. Opposition to the development of full-service schools has come from several sources with most of the criticism focusing on the purported overall mission of these schools: to provide a wide array of health, mental health, and social services to students and their families in addition to the more traditional academic activities generally associated with public schooling. Some "educational reformers" do not believe that our nation's public schools should be involved in the delivery of non-academic services as they are perceived as lying outside of their mission and purpose.

Likewise, even supporters of full-service schools (Davis, 1994a, b; Dryfoos, 1994a,b; Kirst, 1994) have raised several concerns and cautions which are suggested as constituting potential obstacles and substantial threats to the development and implementation of successful full-service programs -- concerns and cautions which need to be acknowledged and directly addressed.

The following six specific *obstacles* and/or cautions -- along with suggested strategies for successfully dealing with them --should be considered by psychologists, educators, and others seeking to develop and implement effective full-service school models in their communities.

1. *Not everyone agrees that schools should become involved in health and social service programs.*

It is clearly evident that many citizens, including many psychologists and educators, are opposed to this movement. While the reasons for opposition to increased involvement are multiple and complex, they typically represent two basic themes.

First, the public school system is sometimes criticized for having lost its sense of priorities and having strayed from its primary mission: improving student learning and academic achievement (Committee for Economic Development, 1994). Some critics claim that "our schools are not social service institutions, and they should not be expected to deliver or pay for health or social services for students" (Committee for Economic Development, 1994, p. 1). Therefore, as public criticism increases relative to the perceived inferior academic performance of American students, the suggestion that our schools become actively involved in the delivery of health, mental health, and social service programs is viewed by some as inappropriate and likely counter-productive to education's primary, if not exclusive, mission: to teach academics.

Opponents of full-service schools argue that our public schools already have demonstrated that they cannot adequately meet their primary mission: to prepare students academically. To ask them to "take on other roles and responsibilities" will only serve to erode even further what has already become an inefficient and ineffective system (Bennett, 1988; Finn, 1991).

Second, the full-service schools movement increasingly is being targeted for intensive criticism by the new "Christian Right." Kaplan (1994) described the situation succinctly: "Armed with Biblical virtue and an unwavering certainty that they are right, the legions of the Christian Right are displaying unforeseen clout and sophistication in the public square of education" (p. K-1).

In the eyes of the vast majority of the leaders and followers of the new "Christian Right", full-service schools are viewed as promoting secular humanism and are depicted as contributing to the demise of society (Schlafly, 1991; Simonds, 1993). In particular, objections are raised to the establishment of student health clinics in schools, sex education and sexuality curricula, and outcome-based education. Almost any form of mental health counseling provided to students is regarded as "inappropriate" or even "evil." Likewise, the establishment of day care facilities in schools for the babies of young women students to encourage them to graduate typically is unacceptable to members of the Christian Right, because it promotes immoral and irresponsible behavior.

Proponents of full-service schools believe these arguments represent a narrow vision of education and teaching and a denial of the harsh realities faced daily by large and growing numbers of youth and their families in contemporary American society. Urging schools to limit their mission to cognitive and academic achievement domains is "based on the erroneous assumption that children and youth can (or should) block out everything that may be interfering with their ability to focus on academics during the typical school day" (Davis, 1994b, p. 37).

Full-service schools require a new concept of schooling – one that, if it is to be truly responsive to the multiple and complex needs of youth at risk and their families, must embrace a broader vision and mission for public education. Proponents of full-service schools need to be acutely aware of dissenting viewpoints and be prepared to confront the opposition with clear and cogent arguments.

2. *Collaboration is a complex process.*

Implementation of effective full service school models requires a high level of collaboration. However, collaboration among human service agencies generally is extremely difficult to accomplish. It represents far more than simply talking about common problems, learning about each other's services, or even coordinating the delivery of client services. True collaboration requires far more commitment -- and time -- on the part of all participants than does simple communication or cooperation.

The collaboration process involves a shared common vision and the willingness of those involved to make some difficult sacrifices and tradeoffs. It involves the need for strong consensus-building and typically demands the willingness of all participants to accept new governance and funding structures. Issues such as professional turf, credentialing, and control must be acknowledged and resolved to the reasonable degree of satisfaction of all involved. Student/client and family confidentiality issues and concerns must be addressed. In brief, full-service schools require collaborative efforts among educators, parents, and representatives of agencies which often are very difficult to obtain. Even under the best of circumstances, the collaboration process takes time and hard work (Melaville, Blank, & Asayesh, 1993).

3. *Full-service schools are not cheap.*

Dryfoos (1994a) estimates that it costs at least $100,000 a year to initiate even a modest school-based health and social services program, not including the in-kind contributions of both the schools and community agencies. Obviously, the overall cost can be much higher depending on the size of the school and the comprehensiveness of the program.

Dryfoos (1994a) further cautions that all programs will require new funds, at least for initial staffing, starting with a full-time coordinator. The creation of new programs which are *entirely* dependent on "reconfigured

funds" (moving existing funding from one program or agency to another) has not as yet been demonstrated in any place identified to date.

Creative financing strategies among all agencies at the federal, state, and local levels involved with youth at risk and their families will need to be developed if full-service schools to be implemented effectively. Current funding streams which typically are categorical and often very restrictive will need to be reassessed, and, if necessary, revised to become more responsive to the real needs of disadvantaged children and families. The bottom-line, however, is that effective and responsive full-service schools are not cheap.

We know that youth who drop out of school are much more likely to "cost society more" than those youth who successfully complete school (Hodgkinson, 1992; 1993; National Center for Educational Statistics, 1994; U.S. Department of Education, 1993). We also have compelling evidence that supports the advantages of almost all early intervention programs over remedial programs for youth at risk and families (Children's Defense Fund, 1994; Hodgkinson, 1992, 1993; Schorr, 1989). The very essence of the full-service schools concept involves integrated, comprehensive, prevention-type interventions. Although we live in a society which usually is looking for "quick fixes" and simple solutions, advocates of full-service schools must be prepared to argue for the long-term cost benefits which these schools are expected to provide (Davis, 1994a; Davis, 1995).

4. *Questions exist about the effectiveness of full-service schools.*

Despite the many promises that full-service schools hold for meeting the needs of youth at risk and their families, the bottom-line question, quite appropriately, is *Do they really work?* Do school-based health clinics, for example, reduce teenage pregnancy rates and curtail the spread of sexually

transmitted diseases among youth? Opponents (e.g., Atwood, 1990; Schlafly, 1991; Simonds, 1993) frequently claim that these clinics not only fail to accomplish these objectives but that their very existence promotes promiscuity, thus escalating problems among teenagers.

Are full-service schools which are open longer periods during the typical school day and, in some cases, on weekends, any more effective in increasing family involvement and reducing negative student behavioral patterns than are more traditional school models? What about the "brokering function" that full-service schools are supposed to serve by linking children and families with service providers? Is this really happening?

The full-service schools concept is still very new. Few empirical studies have yielded valid and reliable measures relative to their overall efficacy. As Dryfoos (1994a) pointed out, despite what appears to be compelling evidence that many of the comprehensive school-based programs already in operation are providing students and families with greater access to quality services, few of these programs have generated evaluation findings related to outcomes.

The Bruner Foundation (1993) conducted a three-year study of schools participating in the New York State Community Schools Program, which, in part, involved an ambitious effort to provide on-site coordination of educational, social, and health services in eight New York City schools. This comprehensive study yielded mixed results. While results showed improved school attendance, increased time on academic activities, and increased participation in recreational programs, no evidence of improved student academic outcomes was found.

Furthermore, the Bruner study showed no major successes in the project's efforts to utilize school sites for the coordination of social services. Overall, the project's efforts to bring about systemic change in the manner in

which schools were supposed to link children at risk and their families with service providers were not viewed as being effective (Davis, 1994a).

Despite the difficulties in evaluating multicomponent programs such as the full-service school model, preliminary data collected and analyzed from several models designed to integrate health, education, mental health, and social service programs for youth at risk and their families indicate support for the full-service school concept. Positive outcomes have been documented in a variety of full service school-type programs.

Evaluation results obtained in a study of Florida's Pinellas County Public Schools full-service schools showed reduced student absences, improved student health care, and more convenience for the teen parent and pre-kindergarten programs which are located on the Northeast High School campus (Korpan, 1995). Evaluation data collected relative to the efficacy of selected New Jersey School-Based Youth Services Centers also demonstrated positive outcomes. For example, in the Pinelands program substantial decreases in student suspensions, dropouts, pregnancies, and suicidal ideation were found (Dryfoos, 1994a).

Several of the Success for All elementary schools in Baltimore that include family support teams and integrated human services clinics showed significant improvements in student attendance and a substantial reduction in the numbers of students retained (Dryfoos, 1994a). Data collected from The Fresno Tomorrow K-6 Program (California) which utilizes a case management and comprehensive integrated social services model to identify and serve "high risk" students also showed a substantial reduction in student unexcused absences and referrals for misbehavior, along with a substantial increase in parental involvement in the school (Center for the Future of Children, 1992).

Among other full-service school models which have demonstrated positive outcomes in the areas of improved student attendance, reduced student suspensions, increased utilization of health care services, and increased family involvement in schools are the following: Caring Communities Project, St. Louis; Family Resource Centers, Connecticut and Denver; New Beginnings, San Diego; the New Futures Projects (Bridgeport, Connecticut; Dayton, Ohio; Little Rock, Arkansas; Pittsburgh, Pennsylvania; and Savannah, Georgia); Ventura County Children's Project, California (Center for the Future of Children, 1992); and the Ounce of Prevention Fund's Center for Successful Child Development (Musick, 1993).

The promises of success for full-service schools, as demonstrated by the interagency collaboration efforts such as those contained in the above-cited models, are encouraging. However, it is critical that solid, empirical evidence relative to the efficacy of full-service schools continue to be collected on a consistent basis. Real, meaningful outcomes will need to be measured, especially those which truly make a difference in the lives of the recipients of these services (e.g., improved healthcare, nutrition, and mental well-being; improved literacy; easier, more respectful, and more culturally/gender-sensitive access to services, etc.) (Davis, 1994a; Davis, 1995).

More robust research paradigms are necessary to accurately assess the efficacy of full-service school programs. In their absence, major stakeholders in the full-service schools movement will be forced to rely on limited, anecdotal evaluation reports. These reports will not be sufficient to effect institutionalization of full-service schools models on a widespread basis because the "stakes are too high" in terms of both the fiscal and human resources involved.

5. Schools may not be the most appropriate site to locate school-linked services.

Clearly, one of the most critical issues involved in the development of effective school-linked, integrated services is that of determining the most appropriate site to locate these services. In effect, this issue involves the determination of a "lead agency." While schools often are suggested as being the most logical site in which to locate these services (this is where the students are), some observers caution against this preference (Chaskin & Richman, 1992; Kirst, 1994).

Chaskin and Richman (1992) argue against building a governance structure that favors any single institution, especially the school due to the negative connotations which it has for many "disenfranchised parents." They propose a model which is community-based, allowing for more multiple access points to the multiple and complex services which children and families at risk typically require. Citing the dangers of "overempowering" any single institution, Chaskin and Richman suggest that the most appropriate service delivery model is a community-based system which involves the major public and private entities in the community, including schools, social services, churches, health providers, and other community organizations which collaborate within a consortium of existing agencies or a newly created entity.

Kirst (1994) while strongly supporting the concept of school-linked services, raises similar arguments against "dogmatically viewing the school as the *preferred and sole* location site" for the delivery of these services. Kirst contends that while placing services in one location should make them more accessible, co-locating services often can be more effective because this model usually has a better chance of developing and maintaining the necessary

levels of commitment and involvement from all agencies involved with children and families.

6. *Public attitudes and stereotypes about children at risk and their families are basically negative.*

Children and families considered to be at risk in the United States always have had to overcome some pervasive, negative stereotypes and attitudes. Unquestionably, *poor* children and families have represented the largest single group which traditionally has been identified as being at risk. A major focus of most full-service school programs involves linking poor children and families with health and social service providers.

While some "slack" often is cut for poor children, this usually is not the case for their parents. Adults living in poverty frequently are viewed as being "responsible for their situation." They are often looked upon as the "undeserving poor." They are frequently judged as being welfare cheats, lazy, manipulative, and unworthy of assistance. In particular, political conservatives prefer to view the vast majority of the poor as being primarily responsible for their own status. The cause of their poverty is perceived as resting with themselves as individuals. The solution to their poverty, therefore, lies in the ability and willingness of poor persons to extract themselves from this condition (Chafel, 1993).

It is widely accepted that the problems of children at risk are interrelated with those of their families. Generally, children's problems and needs generally cannot be separated from those of their families; likewise, neither can the solutions to their problems. The problems of at risk students cannot be treated in total isolation from the problems which their families and their communities are facing. Children are not poor. They live in poor families (Jones, 1994).

Development of effective full-service schools depends upon systemic changes taking place. If poor parents are viewed as unworthy of help, and their needs are not adequately considered in the design of full-service school program offerings, it is very unlikely that a sufficient level of system change will occur. Similar arguments could be raised relative to the potentially negative impact that false stereotypes and attitudes other than those related to poverty have upon the development of effective full-service schools. I suggest, however, that given the "conservative philosophy" which clearly appears to be driving major social and economic policy debate in our nation since the 1994 elections, it is more critical than ever to directly confront the negative public attitudes and stereotypes about poor children and their families which persist (Davis, 1995).

INVOLVEMENT OF PSYCHOLOGISTS

As the school-linked services and full-service schools movements gain in popularity, it is essential that psychologists become increasingly involved in these reform efforts. It is suggested that psychologists not only have a professional responsibility to protect the interests of children and families at risk in any school restructuring plans but also that they are presently being provided with a valuable opportunity to use their expertise to assist in the implementation of the most effective and efficient interagency collaboration models possible.

How may psychologists most effectively participate in school-linked, integrated human services and full-service schools efforts? It is suggested that they can become active, positive contributors in several ways and at several different levels.

Increase Level of Awareness

First, psychologists need to increase their level of awareness regarding the philosophical, policy, programmatic, and political issues and conditions which have served as the impetus for the calls for a reconfigured overall human services delivery system and full-service schools. While pleas for major changes in this system as well as for the development of full-service schools clearly have been increasing in recent years, some observers have expressed concerns that unless reform strategies are broad-based and very carefully conceptualized, children and their families considered to be at risk could find themselves in even worse situations than they are presently.

It is also important that psychologists fully understand that not all citizens are in favor of schools becoming increasingly involved with mental health and social service agencies. In particular, the "New Religious Right" has mounted strategic and, arguably very effective, attacks on the full-service schools movement. In many communities, school officials have "caved in" to the increasing pressures being applied by fundamental religious and other conservative groups by eliminating mental health services and on-site health clinics for students.

Psychologists can play a major role in this regard by helping school administrators, parents, and other community members see the value of providing these services to students who need them. In particular, psychologists are in the best position to emphasize the importance of not neglecting the multiple and often complex mental health needs of large and growing numbers of children and youth who, because of changing and often deteriorating social conditions, are experiencing increasing levels of stress in today's schools and society.

Share Knowledge

Second, psychologists must be prepared and willing to share their knowledge and their discipline's research findings with professionals from other fields who also are involved in the development of full-service schools. At the same time, they must be prepared and willing to listen carefully to the opinions of professionals from other disciplines who are likely to have different perspectives relative to "what is needed" by individual students and their families.

Effective collaboration requires that all parties engage in an honest exchange of ideas and perspectives. On occasion, tradeoffs will be required. All professionals who have as their common vision (and, mission) the improvement of the overall quality of life for children and families at risk must work very hard to overcome some of the more common "turf issues" which frequently serve to sabotage potentially productive collaboration efforts.

Research and Evaluation

Third, psychologists can help ensure the success of full-service schools by becoming actively involved in the research and evaluation components of these programming models. Some encouraging progress already has been witnessed in this regard. For example, as a result of a research agenda-setting conference focusing on school-linked comprehensive services for children and families co-sponsored by the Office of Educational Research and Improvement, U.S. Department of Education, and the American Educational Research Association, held during the fall of 1994, several critical "research and evaluation needs" were identified (U.S. Department of Education & American Educational Research Association, 1995).

Among the research and evaluation questions which participants at this conference listed as being in immediate need of addressing were the following:

- How can research address the *measurement of outcomes* that reflect not only the goals of the schools, but also multiple agencies? What new research strategies or ones not traditionally used are needed to consider the multiple variables associated with school-linked comprehensive services?;
- What has been the impact of previous research about school-linked comprehensive services on practice?;
- How do we describe *relational qualities such as mentoring, respect, and caring* and make them count in evaluation? What research measures are needed to evaluate program-specific goals of school-linked services such as collaboration, family-based outcomes, or client satisfaction?;
- How can the need for *longitudinal research* on collaborative practices be recognized and assured in policymaking?;
- What steps need to be taken to assure that both *culturally sensitive research and client-driven research* are part of the agenda?; and
- What new strategies are needed to *communicate research findings* to broad, non-professional audiences? (U.S. Department of Education & American Educational Research Association, 1995).

Psychologists currently are being presented both with a valuable opportunity and also with an exciting challenge to offer their expertise by participating actively and enthusiastically in this research agenda.

Training

Fourth, psychologists must be willing to participate in cross-training programs, both preservice and inservice, with other professionals who are involved with children and families. At the same time psychologists should

demand that, as part of their own discipline's professional preparation programs, they are provided with substantial opportunities to develop broad-based skills involving roles, responsibilities, and general knowledge bases of other human service disciplines. Specific training in the *collaboration process* is a necessity (Davis, 1993).

All professionals who are concerned about developing and implementing a more effective, overall human services delivery system and successful full-service schools models must be willing to challenge some of their basic, professional belief systems -- especially as they relate to "what is best for a child or his/her family." Psychologists are no different in this regard from any other professional. We are all products of our past training and experiences.

Most of us have become very accustomed to approaching problems and suggesting remedies for them -- based upon a narrow pedagogical and experiential perspective. We need to recognize that the magnitude and the complexity of the issues and problems which are generally being addressed by interagency collaboration efforts to help children and families demand that broad-based, holistic approaches and strategies be employed.

Advocacy

Finally, psychologists must take an active role in advocating for policies and programming practices at all levels (national, state, and local) that promote a better quality of life for our nation's most troubled children and families. While we must maintain the highest level of professional integrity and ensure that our recommendations are based upon nonpartisan, objective, empirical evidence, we, nevertheless, cannot afford to lose sight of the larger picture.

Increasing numbers of children and families today are in serious trouble. They desperately need our help *now*! Full-service schools which provide services to children and their families which are easily accessible, comprehensive, and sensitive to their individual needs, have the potential for providing them with this assistance. The active involvement of psychologists in this process is both needed and required.

REFERENCES

Atwood, T. (1990). Through a glass darkly: Is the Christian right overconfident it knows God's will? *Policy Review, Fall,* 46.

Bennett, W. J. (1988). *Our children and our country.* New York: Touchstone

Bruner Foundation (1993). *Community schools: The Bruner Foundation's evaluation of the New York state community schools program.* New York: Author.

Center for the Future of Children, The David and Lucile Packard Foundation (1992). *The future of children: School-linked services, 2* (1). Los Altos, CA: Author.

Center for the Study of Social Policy (1993). *Kids count data book: State profiles of child well-being.* Washington, DC: Author.

Chafel, J. A. (1993). Child poverty: Overview and outlook. In J. A. Chafel (Ed.), *Child poverty and public policy* (pp. 1-8). Washington, DC: The Urban Institute Press.

Chaskin, R. J., & Richman, H. A. (1992). Concerns about school-linked services: Institution-based versus community-based models. In *The future of children: School-linked services, 2* (1), 107-117. Los Altos, CA: The Center for the Future of Children.

Children's Defense Fund (1994). *The state of America's children 1994.* Washington, DC: Author.

Committee for Economic Development (1994). Research and Policy Committee. *Putting learning first: Governing and managing the schools for high achievement.* New York: Author.

Davis, W.E. (1993, August). *Improving the human services delivery system for at-risk children and families.* Paper presented at the convention of the American Psychological Association, Toronto, Canada.

Davis, W. E. (1994a). *Full-service schools for at-risk youth: Promises and cautions.* Orono, ME: College of Education, University of Maine.

Davis, W. E. (1994b, December 7). Putting learning first: The C.E.D.'s prescription for teachers ignores reality [Commentary]. *Education Week, 14* (14), 37; 39.

Davis, W. E. (1995). Full-service schools for youth at-risk : Overcoming obstacles to effective implementation. *Journal of At-Risk Issues* (in press).

Dryfoos, J. G. (1994a). *Full-service schools: A revolution in health and social services for children, youth, and families.* San Francisco: Jossey-Bass.

Dryfoos, J. G. (1994b). Under one roof. *The American School Board Journal, 181* (8), 28-31.

Finn, C. E. (1991). *We must take charge: Our schools and our future.* New York: The Free Press.

Hodgkinson, H. (1992). *A demographic look at tomorrow.* Washington, DC: Institute for Educational Leadership, Inc. Center for Demographic Policy.

Hodgkinson, H. L. (1993). American education: The good, the bad, and the task [13-23], and keynote address [194-208]. In *The state of the nation's public schools: A conference report.* (S. Elam, Ed.). Bloomington, IN: Phi Delta Kappa.

Jones, J. E. (1994). Strengthening families in need -- models and commitments. *National Center for Children in Poverty Newsletter, 4* (2), 1-3.

Kaplan, G. R. (1994). Shotgun wedding: Notes on public education's encounter with the new Christian right. Kappan special report. *Phi Delta Kappan, 75* (9), K1-K12.

Kirst, M. W. (1994). School-linked services: Pitfalls and potential. *Spectrum: The Journal of State Government, 67* (4), 15-24.

Korpan, P. (1995). Full service schools come in all shapes and sizes. *The National Dropout Prevention Newsletter, 8* (1), 1.

Levy, J. E., & Shepardson, W. (1992). A look at current school-linked service efforts. In *The future of children: School-linked services, 2* (1), 44-55. Los Altos, CA: The Center for the Future of Children.

Melaville, A. I., Blank, M. J., & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services.* Washington, DC: U.S. Department of Education and U.S. Department of Health and Human Services.

Morrill, W. A. (1992). Overview of service delivery to children. In *The future of children: School-linked services, 2* (1), 32-43. Los Altos, CA: The Center for the Future of Children.

Musick, J. S. (1993). Profiles of children and families in poverty. In J. A. Chafel (Ed.), *Child poverty and public policy* (pp. 9-54). Washington, DC: The Urban Institute Press.

National Center for Educational Statistics (1994). *Dropout rates in the United States: 1993.* Washington, D.C.: U. S. Department of Education.

Pennekamp, M. (1992). Toward school-linked and school-based human services for children and families. *Social Work in Education, 14* (2), 125-130.

Schlafly, P. (1991). Moral education would not help children. In C. Wekesser (Ed.), *America's children: Opposing viewpoints* (pp. 53-60). San Diego: Greenhaven Press, Inc.

Schorr, L. B. (1989). *Within our reach: Breaking the cycle of disadvantage.* New York: Anchor Books.

Simonds, R. (1993, October). President's report. *National Association of Christian Education/Citizens for Excellence in Education*, 1.

U. S. Department of Education (1993). *Condition of education 1993.* Washington, D. C.: Author.

U. S. Department of Education, Office of Educational Research and Improvement, & American Educational Research Association (1995). *School-linked comprehensive services for children and families: What we know and what we need to know.* Author.

Weissbourd, R. (1991). *Making the system work for poor children.* Cambridge, MA: Malcolm Wiener Center for Social Policy. John F. Kennedy School of Government, Harvard University.